

ANTR. II. *Case of Immobility of the Jaw and Taliacotion Operation.*  
By VALENTINE MOTT, M. D. &c. &c. [With a Plate.]

ON the 7th of April, 1831, I was consulted in the case of Miss Mary Park, aged seventeen, of Southbridge, Massachusetts.

Her attending physician, Dr. SAMUEL HARTWELL, gave the following relation of the case. "In the autumn of 1822, she had an attack of typhus fever: the symptoms were mild in the commencement of the disease, and nothing unusual occurred until the middle of the third week, when tumefaction and redness were discovered on the left cheek, accompanied with slight delirium and general aggravation of fever.

"At the end of the third week, a dark vesicle, about the size of a pea, appeared at the angle of the mouth, announcing the existence of sphacelus, and in a few days extended to about two inches in diameter upon the side of the face. A crisis of fever now supervened, which was followed by sloughing of the whole gangrenous portion, leaving the teeth and gums exposed. Upon its cicatrization the jaws remained immovably fixed, being apparently tied together by a ligamentous band within and about the cicatrix. Her food was introduced into the mouth through a space formed by the removal of a tooth on the right side. The first set of teeth and the alveolar process of the diseased side, were detached by caries. Most of the second teeth were developed in a few years afterward.

"No mercury was used in the treatment of the fever. Her general health is now very good."

Her countenance was much disfigured, and presented the appearance represented in Plate I. fig. 1.

As the only means of permanently overcoming the closure of the jaw, was the removal of the cicatrix, I determined upon excising and replacing it by sound integument from the face and neck.

Accordingly on the 8th of April, assisted by Dr. VACHE, and in the presence of Drs. HARTWELL, BANROW, WILKES, HOSACK, and several others, I performed the operation.

It was commenced by carrying an incision from a little within the upper angle of the mouth, around the outer margin of the cicatrix, to a little within the lower angle of the under lip, and by the immediate removal of the newly-formed parts included within it. The adhesions between the jaws were next divided, which enabled me in consequence of the relaxation thus produced, to insinuate between the

teeth of the opposite side, the point of the lever used in my former cases, with which I finally succeeded in opening the mouth.

This point accomplished, the lips were brought together at the angle of the mouth by a suture, and I proceeded to detach a portion of integument sufficiently large and of corresponding shape to replace the part removed. See dotted lines, Plate I. fig. 1. It was turned into the space it was intended to fill, leaving a tongue three-quarters of an inch in breadth, connected with the adjacent part and sufficient for all the purposes of circulation. The cut edges were adjusted with extreme accuracy, by means of interrupted sutures and adhesive straps: the lower wound was contracted as much as possible by adhesive plasters, and the whole covered with lint, compress, and bandage.

Previous to the operation she took sol. sulp. morphine, double strength of Majendie's formula, gtt. xiv. The operation occupied about an hour, and was sustained with a firmness peculiar to the female sex.

*Evening.*—Had been sick at her stomach, and vomited some coagulated blood, which had no doubt been swallowed during the operation.

*April 9th.* Found her sitting up at the side of the bed. She felt, she said, very comfortable, and had passed a good night. Hardly any perceptible swelling of the face. As far as the parts can be seen all looks favourable. Ordered her a dose of sulph. magnesiæ. She can depress the lower jaw, by the effort of the will, to the extent of about half the width of the finger. I advised her to continue the motion of the jaw, from time to time, as much as the soreness at the angle of the mouth would permit.

*10th and 11th.* Continues to do well.

*12th.* Some little tumefaction under the eye, but she makes no complaint. Directed an emollient poultice to the hard dressings upon the wounds on the neck.

*13th.* Several poultices have been applied to the neck, which have softened the lint; upon carefully removing it and the plasters, the wound was again dressed in the same manner.

*14th.* Complains of a little head-ache from not sleeping well last night. Felt great comfort from the removal of the stiff dressings yesterday. Bowels are in a good state. Cannot say to what the head-ache is to be attributed; she thinks it owing to the loss of sleep last night. The swelling of the cheek has subsided. Changed the lint again to day.

15th. Found her in bed this morning, with pains in her limbs generally, and with some swelling of the right knee, and tenderness to the touch; passed a bad night; her pulse is much more frequent than natural. Is not aware that she ever had rheumatism before. Directed general and local treatment for her disease. She makes no complaint of her face, which in all respects is very promising. I removed three of the stitches from around the angle of the mouth, and re-applied lint and plasters.

16th. Still in bed. Has less pain and swelling in the knee, but more in the foot and ankle; generally she feels better. Removed another stitch from the lower part of the patch. The wound of the neck looks well; dressed it with ungt. resinæ and plasters.

17th. To-day she is generally better, but feels most pain and tenderness in the knee and ankle of the other leg. Says her face feels very comfortable. I removed three stitches from the upper part of the patch, and for the first time all the plasters, and washed the whole surface. Adhesion seems to have taken place at every point of the flap. Dressed the face as yesterday.

18th. Every part of the flap appears to have united. Dressed the wounds with dry lint. Advised her to move the lower jaw a little downward, every day several times. The rheumatic affection is seated in the right wrist and fingers. Ordered the use of tinet. colehieci.

19th. Passed a better night; but both arms are now nearly useless. Consented to day to be bled. Repeated the infus. sennæ as a cathartic; dressed the face, which looks very well.

20th. Feels generally better. Both arms still much affected. Drew the edges of the wound in the neck together with adhesive straps. Directed the tinet. colehieci to be increased.

21st. In all respects better; a slight rheumatism yet continues in the left hand and arm. The colehieum has produced some cathartic action on the bowels. I dressed the face and wound as yesterday; directed her to open the jaw more frequently; and to continue the colehieum.

22d. Found her sitting up, and says she is more comfortable. The left hand and wrist still a little tumefied and painful. Face and wound continues to improve; dressed them as yesterday. Has more motion in the lower jaw.

23d. Is free from all pain to day, and feels quite well again. Ordered the colehieum to be discontinued. Dressed the wound as before.

25th. Continues free from rheumatism. The wound improves, and was dressed as yesterday. The jaw moves more freely.

*May 12th.* Patch in the cheek entirely healed, (see Plate I. fig. 2,) The wound in the neck is nearly closed. She can open the jaws sufficiently wide to admit solid food.

*14th.* She leaves town to-day in good spirits, and delighted with the result of the operation.

Although I have before often operated for immobility of the jaw, and with the happiest results, and have once removed a deformity occasioned by a hole in the cheek, by the Taliaeotion method, in the New York Hospital, with perfect success, I have never before seen it necessary to combine both operations in one individual; and the gratifying termination of this long and arduous case, is a convincing proof of the excellence of the means employed, and of the power of art in repairing the ravages of disease, and in relieving its distressing consequences.

*25 Park Place, New York.*

N. B. A letter was received from Miss P. by the lady with whom she resided here, in which she stated her health to be excellent, the jaw to have acquired increased motion, and her friends much pleased with her improved appearance.—*July.*

**ART. III. *Case of Immobility of the Jaw, successfully treated by Professor Mott's Complicated Lever, and a Modification of his Operation.* By JESSE W. MIGHELS, M. D. of Maine.**

IN June last, J. T. of Hebron, Oxford County, aged twenty, called on me for advice. On examination I found that his under jaw was almost immovably fixed to the upper, by a firm, ligamentous adhesion, extending from the cuspidatus tooth on the left side, backwards to the coronoid process. There was no lateral motion, and but a slight motion downwards. His face was badly disfigured, the left cheek being much fallen in, and the mouth drawn towards one side. Being able to separate his front teeth a little, he had conveyed his drinks between them, and by using them in masticating small portions of solid food, had worn away the upper incisors so as to leave an opening of nearly a quarter of an inch.

He had been in this situation ten years; said it was occasioned by neglected mercurial ulceration of the cheek and gums. He also informed me that it had been cut five times by eminent surgeons—twice by the late justly celebrated Professor SMITH, who, by the use of a